



PEEHIP STEP THERAPY PROGRAM OVERVIEW



EXPRESS SCRIPTS®

PEEHIP utilizes the following Step Therapy programs to ensure that prescription use by PEEHIP members is safe and affordable. As a PEEHIP member, you should be aware of the following Step Therapy programs when considering new prescription therapy for any of the conditions listed below. PEEHIP members are required to try a 1st step drug before PEEHIP will pay for a 2nd step drug. If after trying a 1st step drug your physician decides to prescribe a different medication, PEEHIP will cover the 2nd step drug listed below. A Prior Authorization (PA) is not needed as long as there is a presence of the 1st step drug in your claims history within the past 130 days. If your doctor by-passes the 1st step drug and prescribes a 2nd step drug, a PA must be completed and submitted by your doctor's office. Express Scripts, Inc., administrator of PEEHIP's prescription drug benefit, may approve the PA if your doctor provides clinical information that warrants the use of the 2nd step drug. Without an approved PA, the claim will be rejected and the member will be required to pay the full price of the medication. Your doctor can call Express Scripts at the PEEHIP-exclusive Prior Authorization Department at 1-800-347-5841 to complete the PA review by phone, or to request a PA form. The completed PA form can be faxed to Express Scripts at 1-800-357-9577. Express Scripts will notify the member and his or her doctor of the decision to approve or not approve the PA.

PEEHIP members who are currently taking a 2nd step drug, and have had a prescription claim processed for that 2nd step drug through the PEEHIP prescription drug benefit within the prior 130 days, will not be subject to Step Therapy for that 2nd step drug, i.e. can be grandfathered in from the Step Therapy requirements. **NOTE: Samples are not considered processed claims for purposes of Step Therapy.** You can ask your doctor if a generic medication is appropriate for you, and share the PEEHIP Formulary (Preferred Drugs) List with your doctor. Keep the prescription drug program safe and affordable by being familiar with the Step Therapy programs.

KEY: Generics are listed in bold lower case; Formulary Brands are listed in bold upper case; Nonformulary brands are listed in regular upper case; Multi-source brands (MSBs) with an exact generic equivalent are listed in italics (MSBs are not covered unless the physician indicates in longhand writing on the prescription "medically necessary" or "dispense as written" or "do not substitute").

CONDITION	DRUG CATEGORY	1 ST STEP DRUGS	2 ND STEP DRUGS	3 RD STEP DRUGS
ALLERGIES* <i>*For allergy Step Therapy programs, members must have been on the 2nd step drug or tried a generic within 360 days or else a Prior Authorization will be required for a 2nd step drug.</i> <i>*Members with prescriptions claims for asthma medications will not be subject to the Leukotriene Step Therapy program for allergies.</i>	LEUKOTRIENE INHIBITORS ^x	<u>Brand or Generic Nasal Corticosteroid:</u> BECONASE AQ FLONASE flunisolide fluticasone NASACORT, AQ NASAREL NASONEX OMNARIS RHINOCORT AQ VERAMYST - AND - <u>Brand or Generic Antihistamine or Antihistamine/Decongestant tablets or nasal sprays:</u> ALLEGRA, -D ASTELIN ASTEPRO CLARINEX, -D fexofenadine fexofenadine-pse PATANASE XYZAL	<u>Brands:</u> ACCOLATE SINGULAIR ZYFLO, CR	N/A
	NASAL STEROIDS	<u>Generics:</u> flunisolide fluticasone	<u>Brands:</u> BECONASE AQ FLONASE NASACORT AQ NASAREL NASONEX OMNARIS RHINOCORT AQ VERAMYST	N/A
	NON-SEDATING ANTIHISTAMINES AND DECONGESTANTS (NSA/D)	<u>Generic:</u> fexofenadine fexofenadine-pse	<u>Brands:</u> ALLEGRA, -D CLARINEX, -D XYZAL	N/A



PEEHIP STEP THERAPY PROGRAM OVERVIEW



EXPRESS SCRIPTS®

CONDITION	DRUG CATEGORY	1 ST STEP DRUGS	2 ND STEP DRUGS	3 RD STEP DRUGS
ALZHEIMER'S DISEASE <i>NEW PROGRAM EFFECTIVE 10/1/09</i>	ACETYLCHOLINESTERASE INHIBITORS (CHIs)	Generics: galantamine galantamine er	Brand: ARICEPT, ODT COGNEX EXELON RAZADYNE, ER	N/A
ANALGESIC/ PAIN	COX-2 INHIBITORS	Generics: (Members must try two first-line generics before a second-line drug will be covered) diclofenac potassium diclofenac sodium* etodolac* fenoprofen flurbiprofen ibuprofen indomethacin* ketoprofen* ketoralac meclofenamate mefenamic acid meloxicam nabumetone naproxen naproxen sodium* oxaprozin piroxicam sulindac tolmetin sodium * = immediate release and extended release	Brand: CELEBREX	N/A
	NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs)	Generics: (Members must try two first-line generics before a second-line drug will be covered) diclofenac potassium diclofenac sodium* etodolac* EC naproxen fenoprofen flurbiprofen ibuprofen Indomethacin* ketoprofen* ketoralac meclofenamate mefenamic acid meloxicam nabumetone naproxen naproxen sodium* oxaprozin piroxicam sulindac tolmetin sodium * = immediate release and extended release	Brands: ANAPROX, DS ANSAID ARTHROTEC CATAFLAM CLINORIL DAYPRO FELDENE FLECTOR PATCH IC 400™ KIT IC 800™ KIT INDOCIN, SR LODINE, XL MOBIC MOTRIN NALFON NAPRELAN NAPROSYN EC-NAPROSYN ORUDIS ORUVAIL PONSTEL RELAFEN TORADOL VOLTAREN, XR VOLTAREN GEL ZIPSOR	N/A



PEEHIP STEP THERAPY PROGRAM OVERVIEW



EXPRESS SCRIPTS®

CONDITION	DRUG CATEGORY	1 ST STEP DRUGS	2 ND STEP DRUGS	3 RD STEP DRUGS
ARTHRITIS	PROTON PUMP INHIBITORS (PPIs) AND NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs)	<u>Generics:</u> naproxen -OR- EC naproxen -AND- omeprazole	<u>Brand:</u> PREVACID NAPRAPAC	N/A
BONE CONDITIONS	BISPHOSPHONATES	<u>Generic:</u> alendronate	<u>Brands:</u> ACTONEL, W/CALCIUM	<u>Brands:</u> BONIVA FOSAMAX, PLUS D, SOLUTION
DEPRESSION	OTHER ANTIDEPRESSANTS	<u>Generics:</u> budeprion sr, xl bupropion sr, xl	<u>Brands:</u> APLENZIN WELLBUTRIN SR, XL	N/A
		<u>Generics:</u> citalopram fluoxetine fluvoxamine paroxetine sertraline venlafaxine <u>Brands:</u> [Must try a generic (above) first] CELEXA LEXAPRO LUVOX CR PAXIL, CR PEXEVA PROZAC, WEEKLY SARAFEM ZOLOFT	[Must try one firstline generic or brand first] <u>Brands:</u> CYMBALTA EFFEXOR EFFEXOR XR PRISTIQ VENLAFAXINE ER	N/A
		<u>Generics:</u> citalopram fluoxetine fluvoxamine paroxetine sertraline venlafaxine	<u>Brands:</u> CELEXA CYMBALTA EFFEXOR EFFEXOR XR LEXAPRO LUVOX CR PAXIL, CR PEXEVA PRISTIQ PROZAC SARAFEM VENLAFAXINE ER ZOLOFT	<u>Brands:</u> SAVELLA (Members must try two Step 1 generics -OR- one Step 1 generic and one Step 2 drug -OR- at least two other drugs for depression first)
	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)	<u>Generics:</u> citalopram fluoxetine fluvoxamine paroxetine sertraline	<u>Brands:</u> CELEXA LEXAPRO LUVOX CR PAXIL, CR PEXEVA PROZAC, WEEKLY ZOLOFT	N/A
		<u>Generics:</u> fluoxetine	<u>Brands:</u> SARAFEM	N/A



PEEHIP STEP THERAPY PROGRAM OVERVIEW



EXPRESS SCRIPTS®

CONDITION	DRUG CATEGORY	1 ST STEP DRUGS		2 ND STEP DRUGS
DERMATOLOGIC	TOPICAL IMMUNOMODULATORS	<u>Step 1- Topical Steroids:</u>		<u>Step 2- Brand Topical Immunomodulators:</u>
		ACLOVATE	hydrocortisone	ELIDEL
		ALA-CORT	HALOG	PROTOPIC
		ALA-SCALP	h-cortisone-iodoquinol	
		ALA-QUIN	hydrocortisone	
		alclometasone	HYTONE	
		ALCORTIN	KENALOG	
		amcinonide	keratol	
		ANAMANTLE	LIDAMANTLE HC	
		APEXICON, E	lidazone	
		betamethasone	LIDEX	
		betanate	lidocaine-hc	
		beta-val	LOCOID	
		CAPEX	LOKARA	
		CARMEL	LUXIQ	
		clobetasol	mometasone	
		CLOBEX	MOMEXIN	
		CLODERM	NOVACORT	
		CORDRAN LOTION, CREAM	NUCORT	
		CORDRAN OINTMENT, TAPE	NUZON	
		cormax	OLUX-E	
		CUTIVATE	PANDEL	
		del-beta	PERANEX	
		DERMA-SMOOTHIE	PRAMOSONE	
		dermazene	prednicarbate	
		DERMATOP	PSORCON, E	
		DESONATE	SCALACORT	
		desonide	SYNALAR	
		DESOWEN	TEMOVATE	
		desoximetasone	TEXACORT	
		diflorasone	TOPICORT	
		DIPROLENE	triamcinolone	
		DIPROSONE	triderm	
		ELOCON	U-CORT	
		embeline	ULTRAVATE	
		EPIFOAM	VANOS	
		FIRST HYDROCORT	VANOXIDE	
		fluocinolone	VERDESO	
		fluocinonide	VYTONE	
		fluticasone	WESTCORT	
		halobetasol	XYRALID	
		h-cortisone-iodoquinol	ZYTOPIC	



PEEHIP STEP THERAPY PROGRAM OVERVIEW



EXPRESS SCRIPTS®

CONDITION	DRUG CATEGORY	1 ST STEP DRUGS	2 ND STEP DRUGS	3 RD STEP DRUG
DIABETES	DIPEPTIDYL PEPTIDASE-4 (DPP-IV) INHIBITORS <i>NEW PROGRAM EFFECTIVE FEBRUARY 1, 2010</i>	<u>Step 1- Metformin & Metformin Combos:</u> ACTOPLUS MET AVANDAMET FORTAMET GLUCOPHAGE, XR GLUCOVANCE GLUMETZA METAGLIP metformin metformin extended-release metformin/glipizide metformin/glyburide PRANDIMET RIOMET	<u>Step 2- Brand DPP-IV Inhibitors:</u> JANUMET JANUVIA ONGLYZA	
	THIAZOLIDINEDIONES (TZDs) <i>NEW PROGRAM EFFECTIVE FEBRUARY 1, 2010</i>	<u>Step 1- Metformin & Metformin Combos:</u> FORTAMET GLUCOPHAGE, XR GLUCOVANCE GLUMETZA JANUMET (see Janumet Step Therapy above) METAGLIP metformin metformin extended-release metformin/glipizide metformin/glyburide PRANDIMET RIOMET	<u>Step 2- Brand TZDs:</u> ACTOPLUS MET ACTOS AVANDAMET AVANDARYL AVANDIA DUETACT	
HEARTBURN	PROTON PUMP INHIBITORS (PPIs)	<u>Generics:</u> omeprazole lansoprazole	<u>Generic:</u> pantoprazole <u>Brand:</u> NEXIUM	<u>Brands:</u> ACIPHEX KAPIDEX PREVACID (NON-OTC) PRILOSEC (NON -OTC) PROTONIX ZEGERID



PEEHIP STEP THERAPY PROGRAM OVERVIEW



EXPRESS SCRIPTS®

CONDITION	DRUG CATEGORY	1 ST STEP DRUGS	2 ND STEP DRUGS	3 RD STEP DRUG
HIGH BLOOD PRESSURE	ACE INHIBITORS (ACE)	<u>Generics:</u> benazepril captopril enalapril fosinopril lisinopril moexipril quinapril ramipril trandolapril <u>Generic combinations:</u> benazepril/amlodipine benazepril/hctz captopril/hctz enalapril/hctz fosinopril/hctz lisinopril/hctz moexipril/hctz quinapril/hctz	<u>Brands:</u> ACCUPRIL ACEON ALTACE CAPOTEN LOTENSIN MAVIK MONOPRIL PRINIVIL UNIVASC VASOTEC ZESTRIL <u>Brand combinations:</u> ACCURETIC CAPOZIDE LEXXEL LOTENSIN HCT LOTREL MONOPRIL HCT PRINZIDE QUINARETIC TARKA UNIRETIC VASERETIC ZESTORETIC	N/A
	ANGIOTENSIN-2 RECEPTOR BLOCKERS (ARBs)	<u>Step 1- ACE Inhibitors:</u> See above; Must try a generic ACE inhibitor first	<u>Step 2- ARBS:</u> <u>Preferred Brands:</u> COZAAR DIOVAN <u>Preferred Brand Combinations:</u> AZOR DIOVAN HCT EXFORGE, HCT HYZAAR	<u>Step 3- ARBS:</u> <u>Non-Preferred Brands:</u> ATACAND AVAPRO BENICAR MICARDIS TEVETEN <u>Non-Preferred Brand Combinations:</u> ATACAND HCT AVALIDE BENICAR HCT MICARDIS HCT TEVETEN HCT TWYNSTA



PEEHIP STEP THERAPY PROGRAM OVERVIEW



EXPRESS SCRIPTS®

CONDITION	DRUG CATEGORY	1 ST STEP DRUGS	2 ND STEP DRUGS	3 RD STEP DRUGS
HIGH BLOOD PRESSURE	BETA BLOCKERS	<u>Generics:</u> acebutolol atenolol atenolol-chlorthalidone betaxolol bisoprolol, -hctz carvedilol, er labetalol metoprolol, -hctz metoprolol succinate er nadolol, bendroflumethiazide pindolol propranolol, LA, -hctz timolol	<u>Brands:</u> BYSTOLIC CORGARD COREG, CR CORZIDE INDERAL, LA INDERIDE INNOPRAN XL KERLONE LEVATOL LOPRESSOR, HCT SECTRAL TENORETIC TENORMIN TOPROL XL TRANDATE ZEBETA ZIAC	N/A
	CALCIUM CHANNEL BLOCKERS (CCBs)	<u>Generics:</u> verapamil er verapamil ir verapamil sr	<u>Brands:</u> CALAN CALAN SR COVERA-HS ISOPTIN SR VERELAN, PM	N/A
		<u>Generics:</u> amlodipine amlodipine/benazepril felodipine isradipine nicardipine ir nifedipine nisoldipine	<u>Brands:</u> ADALAT CC CARDENE, SR DYNACIRC CR NORVASC PLENDIL, ER PROCARDIA, XL SULAR	N/A
	RENIN INHIBITORS	<u>Step 1- ACE Inhibitors:</u> See above; Must try a generic ACE inhibitor first	<u>Step 2- Renin Inhibitors</u> <u>Brands:</u> TEKTURNA TEKTURNA HCT	N/A
HIGH CHOLESTEROL	CHOLESTEROL ABSORPTION INHIBITORS	<u>Generics:</u> lovastatin pravastatin simvastatin	<u>Preferred Brands:</u> CRESTOR VYTORIN <u>Non-Preferred Brands*:</u> ALTOPREV CADUET LESCOL, XL LIPITOR MEVACOR PRAVACHOL ZOCOR <i>*Must try preferred brands first. See HMG Step Therapy.</i>	<u>Brands:</u> ZETIA
	FENOFIBRATES	<u>Generics:</u> fenofibrate	<u>Brands:</u> ANTARA FIBRICOR FENOGLIDE LIPOFEN LOFIBRA TRICOR TRIGLIDE TRILIPIX	N/A



PEEHIP STEP THERAPY PROGRAM OVERVIEW



EXPRESS SCRIPTS®

CONDITION	DRUG CATEGORY	1 ST STEP DRUGS	2 ND STEP DRUGS	3 RD STEP DRUGS
HIGH CHOLESTEROL	HMG-COA REDUCTASE INHIBITORS (HMG)	<u>Generics:</u> lovastatin pravastatin simvastatin	<u>Brands:</u> CRESTOR* VYTORIN* *Crestor doses ≥ 10 mg and Vytorin doses $\geq 10/20$ mg are not subject to Step Therapy. *If the patient requires a documented $\geq 45\%$ reduction in LDL-C they are not required to try a 1 st step product.	<u>Brands:</u> ALTOPREV CADUET LESCOL, XL LIPITOR* MEVACOR PRAVACHOL ZOCOR *Patients receiving Lipitor doses ≥ 40 mg are not required to try a 1 st step product but are required to try Crestor or Vytorin.
INSOMNIA*	NON-BENZODIAZEPINE SEDATIVE HYPNOTICS	<u>Generics:</u> zaleplon zolpidem	<u>Brands:</u> AMBIEN AMBIEN CR EDLUAR LUNESTA ROZEREM SONATA	N/A
<i>*Prescriptions for sedative hypnotic medications are limited to #15 tablets per 30 days.</i>				
<i>*Step Therapy does not apply to claims for Rozerem for members 65 years of age and older.</i>				
PARKINSON'S DISEASE/ RESTLESS LEG SYNDROME	DOPAMINE AGONISTS	<u>Generic:</u> ropinirole	<u>Brand:</u> MIRAPEX REQUIP, XL	N/A
SHINGLES NERVE PAIN	GAMMA AMINOBUTYRIC ACID	<u>Generic:</u> gabapentin NEURONTIN	<u>Brand:</u> LYRICA	N/A
URINARY CONDITIONS	URINARY RETENTION	<u>Generic:</u> finasteride	<u>Brand:</u> AVODART PROSCAR	N/A
	OVERACTIVE BLADDER	<u>Generic:</u> oxybutynin ir, xl	<u>Brand:</u> DETROL, LA DITROPAN, XL ENABLEX GELNIQUE OXYTROL SANCTURA SANCTURA XR TOVIAZ VESICARE	N/A